

SENATE RECORD VOTE ANALYSIS

104th Congress
2nd Session

Vote No. 75

April 18, 1996, 8:11 p.m.
Page S-3592 Temp. Record

HEALTH INSURANCE REFORM/Insurance Parity for Mental Illness

SUBJECT: Health Insurance Reform Act of 1996 . . . S. 1028. Kassebaum motion to table the Domenici/Wellstone amendment No. 3681.

ACTION: MOTION TO TABLE FAILED, 30-68

SYNOPSIS: As reported with an amendment in the nature of a substitute, S. 1028, the Health Insurance Reform Act of 1996, will make health insurance more accessible, portable, and renewable.

The Domenici/Wellstone amendment would add that "An employee health benefit plan, or a health plan issuer offering a group health plan or an individual health plan, shall not impose treatment limitations or financial requirements on the coverage of mental health services if similar limitations or requirements are not imposed on coverage for services for other conditions." Several offsets would be provided to cover the Government's costs from this amendment.

Debate was limited by unanimous consent. Following debate, Senator Kassebaum moved to table the Domenici/Wellstone amendment. Generally, those favoring the motion to table opposed the amendment; those opposing the motion to table favored the amendment.

NOTE: Following the vote, the amendment was adopted by voice vote.

Those favoring the motion to table contended:

Many of us find this vote very difficult because we too would like to stop medical insurance discrimination against the mentally ill. However, the Domenici/Wellstone amendment is extremely controversial because of some of the estimates that have been made of the cost of mandating equal treatment for mental illnesses. Those costs vary widely, but every estimate we have seen is substantial. The lowest number we have heard is from the sponsors of this amendment, who estimate that it would increase insurance premiums by 1.6 percent. The Association of Private Pension and Welfare Plans estimates an 8.4-percent to 11.4-percent increase, and the Congressional Budget Office estimates a 4-percent rise in premiums. The purpose of the Domenici/Wellstone amendment is

(See other side)

YEAS (30)		NAYS (68)				NOT VOTING (2)	
Republicans (22 or 43%)	Democrats (8 or 17%)	Republicans (29 or 57%)		Democrats (39 or 83%)		Republicans (2)	Democrats (0)
Ashcroft	Breaux	Abraham	Jeffords	Akaka	Inouye	Campbell ⁻²	
Bond	Daschle	Bennett	Lott	Baucus	Kerrey	Mack ⁻²	
Brown	Dodd	Burns	Lugar	Biden	Kerry		
Chafee	Hollings	Cochran	McConnell	Bingaman	Lautenberg		
Coats	Johnston	Coverdell	Murkowski	Boxer	Leahy		
Cohen	Kennedy	D'Amato	Pressler	Bradley	Levin		
Craig	Kohl	DeWine	Santorum	Bryan	Lieberman		
Faircloth	Rockefeller	Dole	Shelby	Bumpers	Mikulski		
Frist		Domenici	Simpson	Byrd	Moseley-Braun		
Gorton		Grassley	Snowe	Conrad	Moynihan		
Gramm		Hatch	Specter	Dorgan	Murray		
Grams		Hatfield	Stevens	Exon	Nunn		
Gregg		Helms	Thomas	Feingold	Pell		
Inhofe		Hutchison	Thurmond	Feinstein	Pryor		
Kassebaum			Warner	Ford	Reid		
Kempthorne				Glenn	Robb		
Kyl				Graham	Sarbanes		
McCain				Harkin	Simon		
Nickles				Heflin	Wellstone		
Roth					Wyden		
Smith							
Thompson							

EXPLANATION OF ABSENCE:

- 1—Official Business
- 2—Necessarily Absent
- 3—Illness
- 4—Other

SYMBOLS:

- AY—Announced Yea
- AN—Announced Nay
- PY—Paired Yea
- PN—Paired Nay

praiseworthy, but we should be more careful about approving amendments that have many different expert sources saying that they will impose huge mandates on the private sector. Therefore, we urge the tabling of this amendment.

Those opposing the motion to table contended:

Five million Americans have some form of severe mental illness. The success rates in treating most forms of mental illness are higher than they are for many other sicknesses, and they are getting higher. Many types of psychiatric problems are extremely debilitating, and lead to other health problems which are even more costly to treat in the long term. Unfortunately, mental illness is not well understood. Though most severe forms are now known to be physical disorders that affect the brain, many people still tend to look at mental illness as a character flaw. People with schizophrenia, manic depression, and other serious illnesses are wrongly viewed with contempt for being weak rather than with compassion for having an illness through no fault of their own. The persistent, prevalent belief is that people with mental problems could act, behave, and think normally if only they would apply themselves.

This belief is horribly, terribly wrong and it has had tragic consequences. As medical costs have risen rapidly in recent years, insurance companies have scrambled to find ways to lower their costs. One means that they have found has been to lower benefits for mental illness, which were already in many cases lower than benefits that were provided for other illnesses. At present, fully 90 percent of all employer-sponsored health plans discriminate against people with psychiatric disorders. We are not being critical of insurance providers; they are only responding to the market. Most Americans do not have nor will they ever have a severe mental illness that requires treatment, and many Americans, as already noted, do not view such problems as deserving equal treatment under insurance policies. If Americans did not view such common medical procedures as angioplasty and arthrectomy as necessary to address real medical problems, then we know that insurance companies would be cutting benefits for those procedures instead.

Only 2 percent of all individuals with mental problems are covered by insurance that provides benefits equal to the coverage for other physical illnesses. Policies will typically cover up to a year in in-patient care, unlimited out-patient visits, and lifetime caps of \$1 million for tuberculosis, cancer, heart disease, viral infections, and virtually all other medical problems except for psychiatric problems, which typically are given much lower limits. The costs of this differential treatment for the mentally ill are enormous, both in human and financial terms. Most homeless people are mentally ill. One can walk down any urban street in America and find people sleeping on grates who were once someone's wonderful teenage children before prohibitive medical costs and their uncontrollable behavior made it impossible for their parents to continue to provide care for them. Only a small number of severely mentally ill people are institutionalized. In fact, numerous studies have shown that more severely disturbed people are in prison than are in mental hospitals receiving treatment. The financial costs are as real as the human costs. Mentally ill people frequently are unable to care for themselves properly, and end up with other medical problems that the taxpayers in turn must pay to treat. They also frequently engage in destructive behavior, both to themselves and to others. When it is time to pay to patch someone together after a botched suicide attempt the bill often goes to the public, and when it is necessary to pay to incarcerate someone who has committed violent crimes, the bill always goes to the public.

An end to this dismal situation, which has dragged on for decades, is now in sight. According to the National Institutes for Mental Health, recent medical advances have led to an 80-percent cure rate for panic and bipolar disorders, a 65-percent cure rate for major depression, a 60-percent cure rate for obsessive-compulsive behavior, and a 60-percent cure rate for schizophrenia. Historically, medical treatments for these severe illnesses had very low success rates, but that is no longer true. Most major mental disorders can now be cured.

Insurance companies, and the American public, have yet to catch up with this change, though there have been pockets of progress. For example, both Minnesota and North Dakota have mandated equal treatment for mental illnesses and other illnesses. They have not mandated open-ended entitlements, nor have they limited the ability of insurers to limit services to only those services that are medically necessary. Health plans do not have to treat people who are merely unhappy, nor must they treat the spoiled neuroses of the idle well-to-do; they must only provide equitable treatment.

These States have found that there is an initial, up-front cost for insurers, but, surprisingly, after that initial cost insurers have net savings because they no longer have to treat their beneficiaries for the medical problems they incur when their mental problems are left untreated. For society as a whole the benefits are more obvious. The severely mentally ill are cured and are thus able to remain productive members of society. They do not need to impoverish themselves in order to get Medicaid for treatment. They do not commit crimes and end up in jail. They do not end up homeless, with numerous other medical problems.

The Domenici/Wellstone amendment would copy these States' experience. If policies gave 365 in-patient days for physical illness, they would be required to give the same amount of in-patient days for psychiatric illness. If policies gave a lifetime cap of \$1 million for physical illnesses, they would have the same lifetime cap for the mentally ill. All that would be demanded is parity.

The Domenici/Wellstone amendment makes sense in economic terms for the taxpayers, and it makes sense for insurers as well, though they have yet to recognize that fact. It is morally imperative that we end the medical discrimination, and the suffering that it causes, against the mentally ill. The Domenici/Wellstone amendment would take this overdue step. We urge its adoption.